**PAL BUDDHIST SCHOOL**

|  |  |  |  |  |  |  |  |  |
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| Volunteer Application Form | | | | |  | | | |
| **NOTE:** This form is to be completed in English. You are welcome to provide further information on an attached sheet. | | | | | | | | |
| **PART A – PERSONAL DETAILS** | | | | | | | | |
| **Title:** | **Given name:** | | | | | **Family name:** | | |
| **Gender:**  Male  Female | | | | | | **Date of birth**(DD/MM/YYYY)**:** | | |
| **Are you the parent/guardian of a:**  Current Student  Alumni  No | | | | | | **If yes, student name:** | | |
| **PART B – CONTACT DETAILS** | | | | | | | | |
| **Primary residential address:** | | | | | | | | |
|  | | | | | | | **Postcode:** | |
| **Postal address:**  As Above  Other: | | | | | | | | |
|  | | | | | | | **Postcode:** | |
| **Mobile number:** | | | | **Home number:** | | | | |
| **Email:** | | | | | | | | |
| **PART C – EMERGENCY CONTACTS** | | | | | | | | |
| **NOTE:** Please nominate two people over the age of 18 years who may be contacted in the event of an emergency. Please ensure that you have discussed with these people their willingness to be emergency contacts. | | | | | | | | |
| **EMERGENCY CONTACT 1** | | | | | | | | |
| **Given name:** | | | | **Family name:** | | | | |
| **Relationship to volunteer:** | | | | **Phone number:** | | | | |
| **EMERGENCY CONTACT 2** | | | | | | | | |
| **Given name:** | | | | **Family name:** | | | | |
| **Relationship to volunteer:** | | | | **Phone number:** | | | | |
| **PART D – WORKING WITH CHILDREN** | | | | | | | | |
| **WWC number:** | | **Type of clearance:**  Paid  Volunteer | | | | | | **Expiry:** |
| **PART E – AREAS OF INTERESTS** | | | | | | | | |
| **Indicate the areas of work you are interested in volunteering, please select all that apply:**  Garden maintenance  Grounds maintenance  Cleaning  Canteen  Uniform Shop  Library  School events  Teacher support | | | | | | | | |
| **PART F – DECLARATION** | | | | | | | | |
| 1. Where I have given personal information about people other than myself I have done so with their authorisation. 2. I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. | | | | | | | | |
| **VOLUNTEER** | | | **PRINCIPAL OR DELEGATE** | | | | | |
| **Signature:** | | | **Signature:** | | | | | |
| **Date:** | | | **Date:** | | | | | |